

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                                                                                                                                                                                                                                 |                                  |                                    |                                                                                                                                                                                                                               | Application or Docket Number<br><b>10/648,712</b> |                     | Filing Date<br><b>08/26/2003</b>         |                     | <input type="checkbox"/> To be Mailed |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------|------------------------------------------|---------------------|---------------------------------------|--|
| <b>APPLICATION AS FILED – PART I</b>                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                    | (Column 2)                                                                                                                                                                                                                    |                                                   |                     | SMALL ENTITY <input type="checkbox"/> OR |                     | OTHER THAN SMALL ENTITY               |  |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                               | NUMBER FILED                     | NUMBER EXTRA                       | RATE (\$)                                                                                                                                                                                                                     | FEE (\$)                                          | RATE (\$)           | FEE (\$)                                 |                     |                                       |  |
| <input type="checkbox"/> BASIC FEE<br>(37 CFR 1.16(e), (b), or (c))                                                                                                                                                                                                                                                                                                                                               | N/A                              | N/A                                | N/A                                                                                                                                                                                                                           |                                                   | N/A                 |                                          |                     |                                       |  |
| <input type="checkbox"/> SEARCH FEE<br>(37 CFR 1.16(k), (l), or (m))                                                                                                                                                                                                                                                                                                                                              | N/A                              | N/A                                | N/A                                                                                                                                                                                                                           |                                                   | N/A                 |                                          |                     |                                       |  |
| <input type="checkbox"/> EXAMINATION FEE<br>(37 CFR 1.16(o), (p), or (q))                                                                                                                                                                                                                                                                                                                                         | N/A                              | N/A                                | N/A                                                                                                                                                                                                                           |                                                   | N/A                 |                                          |                     |                                       |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                                                                  | minus 20 =                       | *                                  | X \$ =                                                                                                                                                                                                                        |                                                   | X \$ =              |                                          |                     |                                       |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                            | minus 3 =                        | *                                  | X \$ =                                                                                                                                                                                                                        |                                                   | X \$ =              |                                          |                     |                                       |  |
| <input type="checkbox"/> APPLICATION SIZE FEE<br>(37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                 |                                  |                                    | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                                                   |                     |                                          |                     |                                       |  |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                                        |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                                                                                                                                                                                                                                         |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| <b>APPLICATION AS AMENDED – PART II</b>                                                                                                                                                                                                                                                                                                                                                                           |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                    | (Column 2)                                                                                                                                                                                                                    |                                                   |                     | SMALL ENTITY OR                          |                     | OTHER THAN SMALL ENTITY               |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                                                                                                                                                                                                 | RATE (\$)                                         | ADDITIONAL FEE (\$) | RATE (\$)                                | ADDITIONAL FEE (\$) |                                       |  |
| <b>02/22/2007</b>                                                                                                                                                                                                                                                                                                                                                                                                 | • 16                             | Minus                              | ** 20                                                                                                                                                                                                                         | =                                                 | 0                   | X \$ =                                   | 0                   |                                       |  |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                      | • 4                              | Minus                              | *** 4                                                                                                                                                                                                                         | =                                                 | 0                   | X \$ =                                   | 0                   |                                       |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     | TOTAL ADD'L FEE                          | 0                   |                                       |  |
| <b>AMENDMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                        |                                  |                                    | (Column 2)                                                                                                                                                                                                                    |                                                   |                     | SMALL ENTITY OR                          |                     | OTHER THAN SMALL ENTITY               |  |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                              | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA                                                                                                                                                                                                                 | RATE (\$)                                         | ADDITIONAL FEE (\$) | RATE (\$)                                | ADDITIONAL FEE (\$) |                                       |  |
| <b>8/24/07</b>                                                                                                                                                                                                                                                                                                                                                                                                    | • 14                             | Minus                              | ** 20                                                                                                                                                                                                                         | =                                                 | 0                   | X \$ =                                   | 0                   |                                       |  |
| Independent (37 CFR 1.16(h))                                                                                                                                                                                                                                                                                                                                                                                      | • 4                              | Minus                              | *** 4                                                                                                                                                                                                                         | =                                                 | 0                   | X \$ =                                   | 0                   |                                       |  |
| <input type="checkbox"/> Application Size Fee (37 CFR 1.16(s))                                                                                                                                                                                                                                                                                                                                                    |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))                                                                                                                                                                                                                                                                                                                          |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                   |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     | TOTAL ADD'L FEE                          | 0                   |                                       |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.<br>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".<br>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".<br>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |                                    |                                                                                                                                                                                                                               |                                                   |                     |                                          |                     |                                       |  |

Legal Instrument Examiner:  
Rozenia Harmon

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.